TURN KEY HEALTH

PROVIDER ORDERS

NAME: Buchanan, James DOB: 3/27/62 JS/INMATE#

ALLERGIES NKDA

DATE/TIME	PROVIDER ORDERS	NOTED BY / DATE / TIME
11/4/16 1530	Ord. Dr. Cooper Naproxen 500mg PO BID x 30 d	Darlene RN 11/4/16 1530
11/4/16 2010	Send to ER for EGD for Dr. Cooper	RN 11/4/16 2010

FAXED

Exhibit 9